

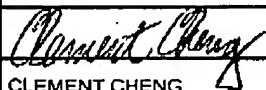
PTO/SB/21 (09-04)


Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10765,352	RECEIVED CENTRAL FAX CENTER JAN 13 2005
	Filing Date	01/27/2004	
	First Named Inventor	Parker, Donald	
	Art Unit	3673	
	Examiner Name	Son Tang	
Total Number of Pages In This Submission	9	Attorney Docket Number	Parker.02C

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RETURN POSTCARD CERTIFICATE OF TRANSMISSION
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Date	1-13-2005	Reg. No. 45463

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Signature		
Typed or printed name	JACLYN KUNG	Date 1-13-2005

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008, OMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2005</h3>		Complete if Known Application Number 10/765,352 Filing Date 1/27/2004 First Named Inventor Donald Parker Examiner Name Son Tang Art Unit 3673 Attorney Docket No. Parker.02C	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	60.00	

METHOD OF PAYMENT (check all that apply)
☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension of Time (One Month)

Fees Paid (\$)

60.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 45463	Telephone (714) 825-0555
Name (Print/Type)	CLEMENT CHENG		Date 1-13-2005

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Appl. No. # 10/765,352
Amdt. dated 01/13/2005
Reply to OA of 9/22/2004

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JAN 13 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Donald Parker) Examiner SON TANG, Primary Examiner
)
Serial No.: 10/765,352) Art Unit: 3673
)
Filed: 1/27/2004) Attorney Docket Number: Parker.02C
)
For: VEHICLE ALARM AND THEFT)
DETERRENT SYSTEM)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Examiner:


In response to the Office Action on 9/22/2004, please make the following amendments to the application.

An extension of time for small entity is attached.

Claim amendments begin on page 2.

The specification is amended on page 4.

Respectfully submitted,


Clement Cheng, Esq.
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Fountain Valley, CA 92708-4283
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(714) 825-0558 fax

PTO/SB/97 (08-03)

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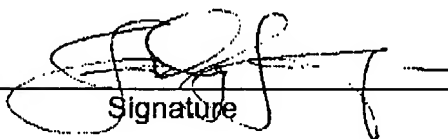
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1. General Transmittal for Patent App. No. 10/765,352 [Parker, Donald] - 1 page
2. Fee Transmittal - 1 page
3. Petition for Extension of Time - 1 page
4. Amendment & Response to Office Action - 5 pages
5. Certificate of Transmission - 1 page

TOTAL NO. OF PAGES: 9 pages

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